Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>5-19-08</u>	Address:	ROSE SOUTH OF	
Case #:	<u>24-29296</u>		LINCOLN HIGHWAY	
County:	<u>MARSIIALL</u>		<u>PLYMOUTH</u>	
	Laboratory Seizure (check one)		Scizure Location (check all that apply)	
Chem	tional Lab ical/Glassware/Equipment (only) site (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel☑ Open – No Structure☐ Other:	
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s):				
Red Phosphorous/lodine Reaction(s):				
✓ Flammable Solvents: <u>OPEN AIR</u>				
Water Reactive Metal (Lithium): <u>OPEN AIR</u>				
Hydrochloric Acid Gas Generator(s): OPEN AIR				
Corrosive Acid:				
Corrosive Base:				
Other (item and location):				
Child under age 18 discovered (check one) ☐ Yes (number present) ☐ No *If yes, fax report to Child Protective Services		☐ Ephedrin ☐ Retail/M	 Investigative Information □ Ephedrine/Pseudoephedrine Tracking Log □ Retail/Merchant Tip □ Other: 	
This report is to be faxed to the following agencies that serve the location:				
Fire Depa	artment: PLYMOUTH FIRE	Fax: <u>574-936-5256</u> Fax: (574) 936 <u>-9247</u>		
Health Department; MARSHALL CO.		Fax: (574)		
Child Pro	etection Service: <u>N/A</u>		_	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Phone				
** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department fisted within 24 hours of scene processing.				

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for recention.